

# CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

## CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D.....President  
WILLIAM R. MOLONY, SR., M.D.....President-Elect  
LOWELL S. GOIN, M.D.....Speaker  
PHILIP K. GILMAN, M.D.....Council Chairman  
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor  
JOHN HUNTON.....Executive Secretary

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Russel V. Lee, Palo Alto.

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Russel V. Lee, Palo Alto.  
Albert J. Scholl, Los Angeles.  
George W. Walker, Fresno.

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#### *Eye, Ear, Nose and Throat:*

Frederick C. Cordes, San Francisco.  
L. G. Hunnicutt, Pasadena.  
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#### *General Surgery (including Orthopedics):*

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#### *Industrial Medicine and Surgery:*

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#### *Plastic Surgery:*

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#### *Neuropsychiatry:*

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#### *Obstetrics and Gynecology:*

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#### *Pediatrics:*

William A. Reilly, San Francisco.  
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#### *Pathology and Bacteriology:*

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#### *Radiology:*

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Henry J. Ullmann, Santa Barbara.

#### *Urology:*

Lewis Michelson, San Francisco.  
Albert J. Scholl, Los Angeles.

#### *Pharmacology:*

Chauncey D. Leake, San Francisco.  
Clinton H. Thienes, Los Angeles.

† For complete roster of officers, see advertising pages 2, 4, and 6.

## OFFICIAL BUSINESS

### OFFICIAL CALL: 71ST ANNUAL SESSION

*To the Officers, Delegates, and Members of the California Medical Association*

The seventy-first annual session of the California Medical Association will be held in Del Monte, California, from Monday, May 4, through Wednesday, May 6, 1942.

The House of Delegates will convene on Monday, May 4.

The Scientific Assembly of the Association will open with the general meeting held on Monday, May 4, at 9 a. m.

The various sections of the Scientific Assembly will meet on Monday afternoon, May 4, and subsequently according to their respective programs.

HENRY S. ROGERS, *President.*

LOWELL S. GOIN,  
*Speaker, House of Delegates.*

PHILIP K. GILMAN,  
*Chairman of Council.*

Attest:

GEORGE H. KRESS, *Secretary.*

### COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

#### Minutes of the Two Hundred Ninety-Ninth (299th) Meeting of the Council of the California Medical Association.

Meeting was called to order in room 302 of the Sir Francis Drake Hotel, at San Francisco, on Sunday, March 29, 1942, at 9:30 A.M., Chairman Philip K. Gilman presiding.

#### 1. Roll Call

Present: Chairman Philip K. Gilman, and Councilors Henry S. Rogers, William R. Molony, Lowell S. Goin, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Louis A. Packard, Axcel E. Anderson, R. Stanley Kneeshaw, Frank R. Makinson, Frank A. MacDonald, Calvert L. Emmons, John W. Cline, John W. Green, Edwin L. Bruck, Donald Cass, and George H. Kress, Secretary-Treasurer.

Absent: Past-President Harry H. Wilson.

Present by Invitation: Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart and Howard Hassard, Legal Counsel, and Ben Read, Secretary of Public Health League.

#### 2. Minutes.

Minutes of the 298th meeting, held at San Francisco on Sunday, March 1, 1942, were approved. An abstract of the minutes was printed in CALIFORNIA AND WESTERN MEDICINE, March, 1942, on page 148.

### 3. Membership.

(a) A report of membership as of March 28, 1942, was submitted and placed on file. Total number of members who had paid 1941 dues, 6,793. Total number of members who had paid dues for 1942 to date, 4,894 (inclusive of 321 members in military service, and of 151 new members).

(b) A list of eight members whose 1941 dues had been paid subsequent to the last meeting of the Council, held on March 1, 1942, was submitted. Upon motion duly made and seconded, their active membership for the year 1941 was reestablished.

Upon motions duly made and seconded, it was voted as follows:

(c) That the request of Frederick J. Crease, a member of the Kern County Medical Society, for Retired Membership, be granted.

(d) That the request of A. S. Parker and W. E. Lilley, members of the Merced County Medical Society, and Lula T. Ellis, member of the Los Angeles County Medical Association, for Life Membership under provision 4 of Article 4, Section 1 of the C. M. A. constitution, be granted.

(e) A letter dated March 21, 1942, from A. B. Cooke, M. D., a member of the Los Angeles County Medical Association, requesting interpretation of Life Membership provisions, was considered. The Council of the Los Angeles County Medical Association had informed Dr. Cooke that the Life Membership provisions applied only to the State Association. The C. M. A. Council concurred in the ruling of the Los Angeles County Medical Association.

### 4. Financial.

(a) A financial report as of March 28, 1942, was submitted and placed on file.

(b) Upon motion by Powell, duly seconded, it was voted that an allocation of \$1000 be established in the budget to cover expenses involved in the activities of the California Procurement and Assignment Service.

### 5. Alameda County Medical Association in Re: California Physicians' Service.

Reports were made on the letter dated February 16, 1942, received from the Council of the Alameda County Medical Association regarding suggested changes in California Physicians' Service. They are appended to these minutes, and include:

(a) A Report of the C. M. A. Special Committee appointed at the last Council meeting, the Committee consisting of:

Philip K. Gilman, Chairman

|                              |                              |
|------------------------------|------------------------------|
| <i>Northern Subcommittee</i> | <i>Southern Subcommittee</i> |
| Frank R. Makinson,           | Donald Cass, Chairman        |
| Chairman                     | E. Earl Moody                |
| Frank A. MacDonald           | Sam J. McClendon             |
| John W. Cline                |                              |

(b) A Report of the Executive Committee of California Physicians' Service.

(c) Draft of a suggested Report to be made by the Council of the California Medical Association for transmittal to the Council of the Alameda County Medical Association. Copies of these reports had been previously mailed to members of the C. M. A. Council for prior consideration and study.

Upon motion duly made and seconded, it was voted to place the report of the Executive Committee of California Physicians' Service on file and to accept the report of the C. M. A. Committee.

Discussion then took place concerning the report of the Special Committee:

Concerning Item 3—Limitation of Coverage, Subsection (b), it was voted that the words "excluded" and "ambulatory" should be deleted, and that after the word "services," the words "chronic diseases" should be inserted; Subsection (b) as amended to read as follows:

Certain medical services from C. P. S. contracts be limited in amounts allowed; examples—x-ray, laboratory services, chronic diseases, etc.

Upon motion by Moody, seconded by Goin, a Subsection (c) was inserted under Item 5 to read as follows:

The hospitals should be paid in units for x-ray and laboratory work.

Upon mention by Powell, seconded by Anderson, it was voted that the report of the Special Committee as amended be adopted.

The Council then took up the suggested draft of a report from the C. M. A. Council to the Council of the Alameda County Medical Association. This report was read, section by section, and discussed at length.

In the discussion of full-coverage provisions in the C. P. S. report, it was pointed out by Council Chairman Gilman and other Councilors that federal and other authorities were much interested in the statistical reports concerning the same, and that it was desirable that such studies should continue, since the same would be of benefit, not only to California Physicians' Service and the medical profession of California, but to medical services of other constituent state medical associations. Political and other implications in connection with medical service plans also received comment.

Upon motion by Moody, seconded by Powell, it was voted that subitem 2 on page 5 of the Report of the Council be amended to read as follows:

It is recommended that no more than a sufficient number of beneficiary members, to be determined by an actuarial study, be continued on a full-coverage basis, and that these be retained only for the purpose of actuarial study over a limited period of time.

It was agreed that in the suggested draft, on page 2, Item 4, subsection (a) should be changed in phraseology to conform with the report of the California Medical Association's Special Committee.

Upon motion by Moody, seconded by Cline, the proposed draft of the C. M. A. Council Report, on page 6, Item 6, was revised through the addition of the following:

A practical plan be worked out for the already existing provision for professional members to charge above the unit value those few beneficiary members whose income is above the ceiling.

On page 5 of the draft of the C. M. A. Report, under Item 3, in the last line, the word "equalize" to be deleted, and the word "improved" inserted, to read, "shall be improved at an early date."

On page 6, under Item 5, the words "to C. P. S." to be inserted in the second line to read: "hospitalization costs to C. P. S."

Discussion was had of a proposed paragraph concerning a \$2.00 unit value. Upon motion by Powell, seconded by Makinson, it was voted to add, on page 6, a paragraph 9 to the C. M. A. Council draft, the same to read as follows:

9. The Council recognizes the sacrifice that the medical profession has been making in its attempt, through C. P. S., to serve the low income groups of California. It has made the above recommendations in the full knowledge that any successful solution of this problem of service must provide reasonable recompense to the profession as well as satisfactory and sufficient service to the public.

Upon motion by Green, seconded by Emmons, it was voted to adopt the Council Report as amended.

Upon motion by Green, seconded by Bruck, the Council voted its appreciation and thanks to the Special C. M. A. Committee for its labors and report.

## 6. Study of Hospitalization Service.

Discussion was had concerning hospitalization service and costs.

Upon motion by Packard, seconded by Anderson, it was voted that the Council Chairman appoint a special committee to make a study of hospitalization service plans and costs with special reference to California, and to bring in a report at the next meeting of the Council.

Chairman Gilman appointed for this committee, one sub-group for the northern and one for the southern sections of the State, as follows:

Dewey R. Powell, General Chairman

| <i>Northern Subcommittee</i> | <i>Southern Subcommittee</i> |
|------------------------------|------------------------------|
| Dewey R. Powell,<br>Chairman | Donald Cass, Chairman        |
| L. Henry Garland             | Louis A. Packard             |
| John W. Green                | E. Earl Moody                |

Informal discussion was had concerning various phases of medical and hospitalization services, with particular reference to California Physicians' Service. Upon motion duly made and seconded, it was voted as follows:

*Resolved*, By the Council of the California Medical Association, in the event conditions arise in any area in California that will place in peril, in the opinion of C. P. S. Trustees, contracts made by California Physicians' Service with contracting groups of citizens, the Council will then approve appropriate action by the Trustees of California Physicians' Service, whereby such contracts shall be maintained.

## 7. Resignation and Appointments.

Appointment by Chairman Gilman of Doctors Donald Cass and Edwin L. Bruck to respectively fill vacancies on the Special Committee on Medical Services Rendered by Hospitalization Groups created by the resignations of George D. Maner of Los Angeles, and Elbridge J. Best of San Francisco, was approved. Also, the appointment of Dr. Roland P. Seitz to represent the C. M. A. on California State Nursing Defense Council, was approved.

## 8. Annual Session.

The request from members of the C. M. A. Committee on Scientific Activities to pay the expenses of an additional guest speaker, now resident in Washington, D. C., to give a talk on Aviation Medicine at the Annual Session, was considered.

President Rogers stated it was his thought to invite Lieut. Col. David A. Myers (MC) U.S.A., of the Ninth Corps Area, with headquarters at San Francisco, to discuss this topic. The Council voted that it regretted that it could not provide two guest speakers for the Section on Medicine and associated medical specialties.

## 9. Council Report.

The Council report, to be printed in the "Pre-Convention Bulletin," was considered, section by section, and after discussion and minor changes, it was voted to approve the same.

## 10. Report of the Special Committee on California Industrial Accident Commission Fee Table.

A report was presented to provide that a 50 per cent increase be recommended in the fee schedule for office and home visits, and that a flat 25 per cent increase be recommended for all other items on the Industrial Accident Commission fee table. The Committee was instructed to confer thereon with the California Industrial Accident Commission.

## 11. Agenda Items.

Concerning items on the agenda and on which action had not been taken by the Council, it was agreed that the Council Chairman should be authorized to act.

## 12. Adjournment in Memory of Charles A. Dukes.

Upon motion by Green, seconded by Powell, the following resolution was adopted:

Whereas: In the death of Dr. Charles A. Dukes, Medicine has lost an ornament, this Council has lost a tower of strength, and every California physician has lost a beloved friend; be it

*Resolved*, That the Council of the California Medical Association does hereby express to Mrs. Charles A. Dukes its sympathy and its sense of personal loss; and be it further

*Resolved*, That the Council shall this day adjourn in honor to the memory of Dr. Dukes.

Adjournment.

PHILIP K. GILMAN, *Chairman*  
GEORGE H. KRESS, *Secretary*

# CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

**Ninth Corps Area Procurement and Assignment Service: Vacancy due to death of Charles A. Dukes; Appointment of Henry S. Rogers.**

(COPY)

FEDERAL SECURITY AGENCY

Washington

Office of Coordinator of Health Welfare, and  
Related Defense Activities

Dear Doctor Rogers:

I am writing to ask if you will accept appointment as Chairman of the Corps Area Committee, representing the Ninth Corps Area of the Procurement and Assignment Service, Office of Defense Health and Welfare Service. You know, of course, of the sudden death of Charles A. Dukes who has been serving in this capacity. We will all miss his counsel and I know the medical profession of the State of California will feel his loss.

As Chairman of this important Committee, you will be asked to coordinate the surveys in the States within your Corps Area and to serve as liaison representative with the Corps Area Surgeon, Naval District Commandants, Office of Civilian Defense, Selective Service Directors, the Regional Directors of Defense Health and Welfare Services, and other agencies requiring medical, dental or veterinary personnel during the national emergency.

Your Committee consists of two representatives of medical education, two representatives of dental education, one representative of veterinary medicine, one hospital representative, and one medical education representative.

The Executive Officer of the Procurement and Assignment Service will write to you at an early date outlining the functions of the Service and the duties incident to your office.

You are the unanimous choice of the representatives of the physicians in your State and of the Board of the

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the chairman of the California Committee on Medical Preparedness. Henry S. Rogers, M. D., room 1938, 450 Sutter, San Francisco, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

Procurement and Assignment Service. I sincerely hope you will find it possible to serve in this capacity, and will let me know as soon as possible.

Sincerely,  
(Signed) PAUL V. McNUTT, *Director*.

Dr. Henry S. Rogers,  
Petaluma, California.

March 26, 1942.

Honorable Paul V. McNutt, Director,  
Office of Defense Health and Welfare Service,  
Federal Security Agency,  
Washington, D. C.  
Dear Mr. McNutt:

Thank you very much for your letter of March 23 and your appointment of me as Chairman of the Ninth Corps Area Committee of the Procurement and Assignment Service.

Following the sudden death of beloved Doctor Charles A. Dukes, I am pleased to accept on a temporary basis and on telephone instructions from Major Sam F. Seeley the responsibilities of this office. I am happy to be able to report to you that the activities of the office have continued without interruption and with all possible smoothness.

I am now pleased to accept your appointment as Chairman of the Ninth Corps Area Committee of the Procurement and Assignment Service, and I want to assure you that all efforts necessary on my part to the successful operation of this office will be gladly given. If at some future date the demands of this office should become too great for me to carry and if a more qualified successor is located, I shall be happy to step down in favor of such a successor.

Sincerely yours,  
HENRY S. ROGERS, M. D.,  
*President,*  
*California Medical Association.*

#### Concerning Selective Service Rejections of Registrants for Physical and Mental Reasons.

(COPY)

STATE OF CALIFORNIA  
Director of Selective Service  
Plaza Building, Sacramento

March 18, 1942.

Dear Doctor Kress:

We have just compiled some interesting figures which I think you would appreciate receiving.

From the onset of the Selective Service program, we were most unhappy to read page after page in the public press and in health journals telling of the "unfitness of American Youth." Every article was fundamentally based on the fact that '1 out of 2' between the ages of 21 and 35 was declared unacceptable for unlimited military service because of physical defects. Much print was set in the public press to advise that the health of the Nation had not advanced materially in twenty years. The figures were compared with those of World War 1, and, by such comparison, the writers seemed to prove their point. The catch to this conclusion was the fact that the fundamental purpose of the examination up to 1942 was not the same as that of World War 1.

Such facts as obtained from the records we sent you in January (printed in February CALIFORNIA AND WESTERN MEDICINE) seemed to justify both of the above

thoughts, if we did not know all along that up to 1942 we were picking only the cream of the crop for a "Selective Service." We knew that many rejections would never have been rejections had we been forcing through a manpower production program rather than selecting men who could start training on day number one—the day they reported for duty.

The attached report showing comparisons between the number accepted for training when the program was that of what we might refer to as "ultra" selection, when the tendency was to weigh a borderline defect in favor of eliminating the registrant from serving, and the number now accepted for unlimited military service is interesting:—Before, 45 of 100 were accepted; now, 74 of 100 are accepted.

A bit more than interpretations of findings and National circumstances under which these examinations are made has changed these figures. There has been a liberalization of dental and visual requirements. The present acceptance of 74 out of 100 reflects in some degree this liberalization, but since this action concerning teeth and eyes is most recent, and since rejections because of teeth and eye defects were considerable, it means that within a short time, the acceptable proportion will show itself to be still higher.

All along, we were certain that the story of 1 out of 2 rejected was not as bad as it sounded. Now we are sure of it.

BERT S. THOMAS,  
*Lt. Colonel, M.C.,*  
*Chief, Medical Division.*

Culbert L. Olson  
Governor

STATE OF CALIFORNIA  
Director of Selective Service  
Plaza Building, Sacramento

March 18, 1942.

*A California Report of Rejections of Registrants For Physical and Mental Reasons\**—A comparison between these rejections prior to December 7 (when Local Board physical examination was a complete one before the registrant was presented to a Board of the Armed Forces)—and—after December 7 (when the so-called "screening" examination was the Local Board procedure before the registrant was sent to the Board of the Armed Forces to receive his first complete and, yet, final examination).

When registrants were completely examined by Local Board examiners and then presented to Induction Stations, results showed that out of every 100 registrants, 45 were accepted for unlimited military service and 55 were rejected (50 declared 1-A by Local Board examiners; 26, 1-B and 24, 4-F; of the 50 presented to the Induction Stations as 1-A, about 9 per cent were rejected). We call attention to the fact that this was during that phase when "selection for service" was accentuated—a relative period of training.

Now, with manpower accentuated and with the Registrant reaching the Induction Station after a "screening" process rather than after a complete examination, the results show a decided difference. Liberalization of interpretations plus some liberalization of qualifications (visual and dental) have made the difference, together, possibly, with the knowledge that many "borderline"

\* In memorandum of March 18, 1942.

registrants never reached Induction Stations for a possibility of acceptance.

Our present Local Board "screening" (based on Form 220) disqualifies approximately 3 out of every 100 registrants. Of the 97 presented to Army Stations, about 24 per cent are rejected (23 registrants); so we see that 74 out of 100 are now accepted for general military duty in comparison to but 45 out of 100 previously.

*Acceptance and Rejection Prior to and After December 7* (with rejections shown by proportionate numbers according to reason for rejection):

| Of 1000 Registrant's Examined                                |       |                                                           |       |
|--------------------------------------------------------------|-------|-----------------------------------------------------------|-------|
| Prior to Dec. 7<br>(based on approx. 125,000<br>examination) |       | After Dec. 7<br>(based on approx. 45,000<br>examinations) |       |
| ACCEPTED .....                                               | 450   | 740                                                       |       |
| Because of                                                   |       |                                                           |       |
| REJECTED .....                                               | 75    | eyes .....                                                | 55    |
|                                                              | 40    | teeth .....                                               | 19    |
|                                                              | 47    | weight .....                                              | 11    |
|                                                              | 30    | ears .....                                                | 12    |
|                                                              | 80    | cardio-vasc .....                                         | 18    |
|                                                              | 15    | spin-joints .....                                         | 9     |
|                                                              | 30    | GU-Venereal .....                                         | 12    |
|                                                              | 11    | Abd.-Viscera .....                                        | 7     |
|                                                              | 33    | Hernia .....                                              | 9     |
|                                                              | 17    | Nose-Mouth .....                                          | 8     |
|                                                              | 30    | Nervous-Mental .....                                      | 35    |
|                                                              | 8     | Illiteracy .....                                          | 2     |
|                                                              | 54    | Extremities .....                                         | 16    |
|                                                              | 32    | Flat feet .....                                           | 9     |
|                                                              | 11    | Varicose veins .....                                      | 2     |
|                                                              | 1     | Skin .....                                                | 1     |
|                                                              | 27    | Lungs .....                                               | 22    |
|                                                              | 7     | Endocrine .....                                           | 1     |
|                                                              | 1     | Acute diseases .....                                      | 1     |
|                                                              | 1     | Other .....                                               | 11    |
|                                                              | <hr/> |                                                           |       |
|                                                              | 550   |                                                           | 260   |
|                                                              | <hr/> |                                                           | <hr/> |
|                                                              | 1000  |                                                           | 1000  |

### Concerning Procedures in Handling War Gas Injuries.

(COPY)

UNIVERSITY OF CALIFORNIA

March 12, 1942.

*To the Editor:*—The San Francisco Committee on Medical Aspects of War Gases, appointed by Dr. Henry Gibbons to serve the Red Cross, has been requested by the Western Command to clear its recommendations through Major H. F. Osborne for information for the whole Western Command area. The Committee has representation from the whole Western Command area. It is made up as follows:

Pasadena: Gordon A. Alles, Ph.D.

Los Angeles: Clinton H. Thienes, M.D.

Portland: Norman A. David, M.D.

Seattle: James M. Dille, Ph.D.

San Mateo: Paul J. Hanzlik, M.D.

San Francisco: T. C. Daniels, Ph.D.; Floyd DeEds, Ph.D.; H. R. Hathaway, M.D.; W. B. Neff, M.D.; Maurice L. Tainter, M.D.; Frances Torrey, M.D.; and C. D. Leake, Ph.D., Chairman.

This Committee suggests that you consider the publication in CALIFORNIA AND WESTERN MEDICINE of the enclosed recommendations. These have been presented before the San Francisco County Medical Society and are to be discussed for professional groups everywhere, in the Western Command if possible. They have been approved by the Red Cross authorities and are being used through the self-aid and first aid portions for instructions to air raid wardens and to the public generally.

It is the feeling of the Committee that physicians throughout the whole area should be familiar with the general picture and it is believed that these recommendations are as simply and as briefly put as possible.

Cordially yours,

U. C. Medical Center.

CHAUNCEY D. LEAKE.

## I

### PROCEDURE IN HANDLING WAR GAS INJURY IN CASE OF ATTACK ON CIVILIANS\*

- Self-Aid:*
  - keep suspected gas away from body;
  - soap and soda if it gets on.
- First-Aid:*

Air raid warden and ambulance squad assistance.
- Casualty Station:*
  - division of blister gas injuries from non-blister casualties;
  - special treatment for gas injuries.
- Hospital:*

Professional symptomatic treatment.

## II

### SELF-AID FOR CIVILIANS IN SUSPECTED CHEMICAL ATTACK

Practical precautions to be advised by air raid wardens, physicians, dentists, pharmacists, nurses, OCD officials:

- Obey air raid rules;* have tight blackout room available. Provide blackout room and air-raid shelter with soap, water, baking soda and blankets.
- Chemicals in an air raid may be suspected by peculiar odor: horseradish or *garlic* for Mustard Gas; geranium for Lewisite; *cut-corn* for Phosgene; *fly-paper* for Chloropicrin; or by *smarting* or *stinging of eyes* or *nose*, or by sneezing, weeping, or nausea, and vomiting.
- If exposure suspected:
  - for temporary protection, breathe through cloth wet with baking soda solution;
  - take off clothes, throw outside;
  - lather whole body thoroughly with soap, preferably laundry;
  - wash eyes, nose, mouth with solution of teaspoonful of *baking soda* in glass of water;
  - for phosphorus, use plenty of water and *baking soda*.
- Wrap in blanket, lie down; remain quiet until given aid.

## III

### FIRST-AID IN CIVILIAN GAS ATTACK

#### *Air Raid Warden:*

Use prompt, simple procedures; select casualties for transfer to Station.

#### *Ambulance Squad:*

Replenish warden supplies; transport casualties, giving aid on way.

#### *First-Aider:*

- Remove injured from gas atmosphere; allay panic.
- Supplement or enforce self-aid procedures.
- Identify chemical:
  - if *lung irritant*, enforce absolute rest, provide warmth, hot coffee, stretcher;
  - if *sneeze gas*, giving baking soda solution, keep subject from harming self;
  - if *blister gas*, wipe with hypochlorite solution (Chlorox, Purex, Sani-Chlor, etc.); lather

body with strong soap; wash eyes, nose, mouth with baking soda solution; if *Lewisite* is suspected apply hydrogen peroxide to exposed area;

(d) if *white phosphorus*, apply 5 per cent copper sulphate solution.

First-aiders in gas attack should have masks (or goggles), rubber kitchen gloves, overshoes or hip boots, rubber or oilskin raincoats and hats.

#### IV

##### PROCEDURE AT CASUALTY STATION

1. All casualties suspected of exposure to *blister gas* are to be passed through "Defouling" Unit, connected directly to Station.\*
2. *Non-blister* casualties are to enter Station at once ("defouling" unnecessary).
3. "Defouling" personnel must avoid contamination of selves and others; in absence of masks and special clothing, use goggles, household rubber gloves and overshoes, oilskin hat and coat.
4. Medico-surgical injuries (including "blast") to be treated as indicated.
5. Give special treatment for injuries present or suspected from *lung irritants* (including "nitrous fumes"); *sneeze and vomit gases*; *lacrimators*, and *incendiaries*.
6. Give special treatment for injuries present or suspected from *Mustard Gas*, *Lewisite*, or other blister gas.
7. All serious cases are to be evacuated to hospital.

#### V

##### SPECIAL TREATMENT FOR INJURIES PRESENT OF SUSPECTED FROM NON-BLISTER CHEMICALS

1. *Lung Irritants*:
  - (a) *suspects showing no symptoms* must be watched with bed rest at least 48 hours; during this period symptoms may develop suddenly and seriously;
  - (b) *exposures with symptoms*: rest, warmth, oxygen; no artificial respiration; for bronchospasm give epinephrine; for restlessness give pentobarbital or other fast-acting barbiturates (use care with other agents); move on stretcher; watch for possible development of lung edema, —if imminent with cyanosis and high venous pressure, draw blood by venesection.
2. *Lacrimators*:
 

Irrigate eyes with fresh 2 per cent water solution of sodium bicarbonate.
3. *Sneeze and Vomit Gases*:
 

Irrigate nose and throat with fresh 2 per cent sodium bicarbonate solution; keep away from heat; keep quiet; for nausea give 2 per cent sodium bicarbonate solution by mouth; aspirin for headache; watch to prevent self-harm.
4. *Incendiaries*:
  - (a) *white phosphorus*: wet dressing of 5 per cent copper sulphate; remove particles; later treat like serious heat burn;
  - (b) *other burns*: treat as serious heat burns with tannic acid solutions or jellies, triple-dye solutions, or other astringent preparations, with sulfanilamide to prevent infection.

#### VI

##### SPECIAL TREATMENT FOR INJURIES FROM BLISTER CHEMICALS

##### 1. In All Blister Cases—speed essential:

- (a) verify "defouling"
- (b) watch for and treat lung irritant, sneeze and vomit gas symptoms;
- (c) decide whether Mustard or Lewisite is present;
- (d) irrigate eyes with fresh 2 per cent water solution of sodium bicarbonate and apply 1 per cent tetracaine ("pontocaine") solution (do not bandage!)

##### 2. For Mustard:

- (a) if skin not yet reddened, apply bleach-paste (50/50 chlorinated lime and water) for five minutes and wash off;
- (b) apply oil dressing, or as recommended by Chemical Warfare Service, 5 per cent solution of dichloramine-T in triacetin.

##### 3. For Lewisite:

- (a) as recommended by Chemical Warfare Service, apply to exposed skin a solution of 10 grams sodium hydroxide in 30 cc. glycerin and 70 cc. water for five minutes (caution!), and wash off with alcohol;
- (b) apply wet pack of 3 per cent hydrogen peroxide to skin;
- (c) treat blisters as indicated.

#### VII

##### HOSPITAL MANAGEMENT OF WAR GAS INJURIES

1. Serious cases only are to be evacuated from Casualty Station to Hospital.
2. Check previous treatment in accord with indications.
3. Treatment essentially symptomatic:
  - (a) lung involvement like acute pneumonia;
  - (b) skin conditions like poison-oak or heat burns; where indicated, excise necrotic areas; open and drain Lewisite blisters (caution! blister fluid is toxic and vesicant);
  - (c) eye conditions as indicated;
  - (d) gastro-enteric irritation as indicated;
  - (e) shock as indicated.

**Military Clippings**—Some news items of a military nature from the daily press follow:

##### War Gases

... Gas has unquestionably been employed in the recent series of wars. Five times it was reported, and at least twice these reports have been confirmed.

The Italians used mustard gas against the barefooted Ethiopians, who already were broken and retreating, and Mussolini's heroes called it thrilling sport. There is one instance of the inhumanity of gas warfare, but the inhumanity was not in the gas but in the souls of the Italians.

The Japanese dropped a combination of mustard gas and lewisite on Chungking in October, 1941. There were many casualties and probably many deaths. Chungking, however, still remains unconquered. . . .

It begins to appear, therefore, that the most effective war chemicals known in 1918 are the most effective in 1942. These, then, are the compounds which must be considered now, for today no civilian in any city in any country can safely say he is immune from a gas attack. It can happen in London, Berlin or Washington, in Tokyo or San Francisco, in Port Darwin or Keokuk, Iowa. It can happen tonight, tomorrow, next week. It can be brought by an airplane spray, a hurtling bomb, an artillery shell, or a saboteur who lives in your block.

The agents likely to be involved in a chemical attack fall into three obvious groups, each with definite earmarks, each with a definite military job. Although they are all lumped into the category of poison gases, it is obvious that many of them are not gases at all.

1—Most common and least dangerous are the *screening*

\* If "Defouling" Units are not provided, certain Casualty Stations must be designated and prepared in advance to be *Blister Stations*. Suspected or actual exposures to blister gases, and these only, should be routed to *Blister Stations* and not admitted to Non-Blister Stations.

smokes, finely dispersed solids or liquids that have been used for centuries to hide troop movements. They are essentially chemical camouflage.

2—Moderately common and not particularly dangerous are the so-called "harassing agents," war chemicals which strike at any army's efficiency, some of them gases, others liquids or solids.

They produce weeping, choking, sneezing, nausea or vomiting, or a combination of these symptoms. Early in World War I, they were used to make a soldier take off his mask and expose himself to more deadly agents, for the first masks could not block a harassing chemical. But now the newer masks can block any type of material, and an enemy unleashes a harassing agent to force his foe to use a mask.

A soldier forced to wear a gas mask is, rather obviously, less efficient, less comfortable, less able to fight at top form. A civilian faced with one of these chemicals must flee indoors, and his efficiency is accordingly reduced. But the odds for a fatal or even harmful dose are extremely low.

3—Newest and most dangerous are the chemicals that are intended to produce *casualties*—not to kill, but to put men in a hospital. It is vital to emphasize this distinction; a killing agent will kill a soldier, or a civilian, and that's the end of it, but an agent that will require hospitalization is much more valuable. It ties up the wounded victim, and it also ties up ambulances, stretchers, strategic roads, hospital space, doctors, nurses and orderlies.

These casualty producing agents are headed by lewisite, mustard gas, chlorine, phosgene, chlorpicrin and white phosphorus. They deserve wholesome respect.

Most of them are gases which produce their effects after they have been inhaled. Mustard and lewisite both act in this way, but in addition these two agents can also do their deadly work in liquid form, producing burns where they touch the skin.

All three types of compounds can be delivered in a variety of packages. They can come in land mines, airplane bombs, shells fired by guns many miles away, hand grenades, or in a liquid spray dropped by a plane. It is this last method, especially when applied to deliver mustard or lewisite, that can be most insidious (since there is no "boom" to signal its arrival) and most deadly.

All these compounds are from two to eight times heavier than air. They hug the ground, pouring into low spots, pushed by the wind, persisting in such areas as heavily wooded country or confined city streets where the air is still. Most of them are dissipated in 10 minutes; lewisite will last for days, mustard for weeks or even months under certain ideal conditions.

Intense sunlight, by producing heat, and extremely heavy fog or rain will help destroy or remove them. A good stream of water from a fire hose, or chloride of lime applied by a decontamination squad, is better.

The use of gas, consequently, is almost as tricky as protection against it. The attacker must have the right wind conditions, the right temperature, the right terrain, the right humidity, and necessary "coöperation" from the victims. If the victims won't coöperate—if the soldiers are properly protected with masks and clothing, if the civilians remain indoors in a tight blackout room where neither gas nor falling spray can readily enter—then the gas attack can turn out to be a huge waste of effort. . . .

—Milton Silverman in *San Francisco Chronicle*, March 29.

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#### New Blood Procurement Center Ready to Open in San Francisco

The new Red Cross blood procurement center at 2415 Jones Street was dedicated yesterday at a formal pre-view for civic leaders and civilian defense, city and Red Cross officials.

Made necessary by the increased demands for blood plasma for the Army and Navy, the enlarged facilities of the new quarters will accommodate sixteen donors simultaneously. . . .

Former headquarters of the center at 2180 Washington Street, will be absorbed by the Irwin Memorial Blood Bank, sponsored by the San Francisco County Medical Society, which dispenses the plasma for civilian needs in the Bay area and to ships of the Merchant Marine. . . .

Dr. John R. Upton will head the staff at the center.

One of eighteen major plasma units throughout the country, the center will open to the public Wednesday morning.—*San Francisco Examiner*, March 19.

#### Blood Bank Co-founder Tells of New Dried Plasma Process

The new process of drying blood plasma for transfusion, making it possible to ship it overseas and preserve it for local emergencies, was described here last night by Dr. John Upton.

Doctor Upton, co-founder of the Irwin Memorial Blood Bank of the San Francisco County Medical Society and senior physician of the Red Cross blood procurement center, spoke as the first lecturer in the annual series of popular medical lectures sponsored by the Stanford University School of Medicine.

Blood donations are pooled after ten days, he explained, and the plasma separated from the red and white cells. The plasma is then frozen and dried.

When sterile water is added to the frozen powder, the resulting serum may be employed as whole blood for transfusion, irrespective of previously important matching blood types, he declared.—*San Francisco Examiner*, April 4.

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#### U. C. Speeds Training of Doctors

A speed up to meet the demand for doctors created by the war was announced yesterday by the University of California Medical School.

Following the graduation of 111 doctors—the largest class in the history of the institution—next month, the medical school will go on a three semester per year basis with attendance at all three semesters compulsory, Dean Francis S. Smyth announced. The program will reduce the training period from four to three years.

While it is not necessary for pre-medical students to also attend three semesters of work per year, their attendance throughout the year will reduce pre-medical training from three to two years also, making the entire training program only five years instead of seven as at present.

Reason for the large increase in the number of graduates in May is that two classes will receive degrees. The medical school has eliminated the interne year previously required for the M.D. degree.—*San Francisco Examiner*, April 6.

\* \* \*

#### Riverside Plasma Unit

Plans are developing for the establishment of a plasma drying unit to supply Riverside and San Bernardino Counties and the United States Naval Hospital at Norco. Other counties or cities interested in participating may join the plan later.

To supply the thousands of units needed in case of a civilian catastrophe such as a bombing, large supplies of plasma must be instantly available. The most practical method of preparation is by drying. This preserves the plasma indefinitely and allows its storage in small ampoules. The equipment needed for an outfit that will dry 400 units per week costs between \$10,000 and \$15,000 installed. The operation of such a plant is costly and requires constant attention of a trained staff. It is probable that such a staff and spaces for housing will be available at the Norco Naval Hospital.

The Riverside and San Bernardino Counties plan to raise the required amount of money to purchase the needed equipment presenting it to the Naval Hospital to operate with the understanding that for every two units of blood they send to the plant they will receive one unit of dried plasma in return. The Naval Hospital will keep half of the plasma processed. Several stations will be established for drawing the blood from volunteer donors throughout the counties. This will preferably be at hospitals where the blood can be refrigerated for three days as a blood bank available for ordinary whole blood use. At the end of this period it will be transported to the drying station and there centrifuged, frozen, and dried at low temperatures under vacuum. The communities' share will then be returned and held in readiness for local usage.

At present, Riverside County plans to raise its share of the cost of the plant by popular subscription. At the March 28th Council meeting of the Society, Dr. W. E. Gardner was appointed chairman of the plasma bank committee. Dr. Gardner plans to ask the collaboration of all of the Civic service organizations in raising the funds.—*Bulletin of the Riverside County Medical Association*.

**California Defense Council Doctors Appointed by Olson**

Appointment of Dr. Morton R. Gibbons, Sr., and Thomas F. Clark of San Francisco, and Dr. Charles F. Sebastian of Los Angeles to the emergency medical service of the state defense council was announced by Governor Olson yesterday.

Dr. Gibbons will serve as chief of the northern California area, and Dr. Sebastian will be in charge of the southern half of the state. Mr. Clark was designated hospital officer of the service under Dr. Bertram Brown, state director of public health.—*Sacramento Union*, March 12.

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**900 Medical Men Join Armed Forces**

Nearly one tenth of the physicians and surgeons licensed to practice in California are serving in the armed forces.

This was disclosed today by Dr. Charles B. Pinkham, secretary-treasurer of the state board of medical examiners, who estimated more than 900 of a total of 10,000 licensees are in the service.—*Sacramento Bee*, March 27.

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**Doctors Doing a Job**

In the armed services on the battle fronts and at training camps, in civilian defense and in every other way the American medical profession is meeting the demands of the national emergency with superb skill and elan.

We pay this tribute to the doctor clan without reservation or apology. They are doing a good job and deserve praise for it.

As we are inclined to do in ordinary civilian life of peace-times, we take the skill and devotion of the men of medicine for granted. We do not stop to think of the contribution they make to national welfare by keeping the health of the people at a high level.

But in war-times they not only have this responsibility upon their shoulders, they also must keep our fighting forces fit and the casualties of battle reduced to the lowest possible loss of fighting power. For this service thousands of physicians have given up their lucrative practice to attach themselves to the Medical Corps at soldier's pay.

Our hats are off to the doctors. They are making this war much tougher for Hitler and Hirohito.—*San Francisco News*, March 21.

\* \* \*

**Organized Medicine Was Ready**

"Organized medicine, at an earlier date and to a greater degree than any other nation-wide group, recognized the inevitability of world-wide conflict," says a booklet issued by the national physicians' committee for the extension of medical service.

This statement is borne out by medicine's impressive record of preparation for war. In June, 1940, the House of Delegates of the American Medical Association established a committee on medical preparedness. The following July, it started the tremendously detailed job of compiling an inventory of the nation's medical resources. That task is still in progress.

Late in 1940, the Selective Service Act began to function. Physicians in every area in every state volunteered their services. Before December 7, 1941, more than 25,500 doctors had examined approximately 2,500,000 men. To quote from the booklet, "It is a fact that American physicians, without prospect or even thought of reward, contributed their services to an estimated value of nearly \$25,000,000. Not one dollar of recompense was asked or received."

A new medical journal, devoted to the subject of war medicine, makes the discoveries and experiences of people at war available to the medical profession—information invaluable to the health of the nation.

The medical profession has coöperated 100 per cent with such war agencies as the Medical Procurement and Assignment Service which, in time, will call upon every physician to contribute his knowledge and services to the limit of his capacity.

To sum up, organized medicine is on the alert. It has accepted without question the responsibility of maintaining the people's health—civilian and soldier—at the highest attainable level during a war which will impose extraordinary physical strains on tens of millions. That is a vital contribution to eventual military victory.—*Alameda Times-Star*, March 14.

**California State Guard****The Governor:**

Asked that the California State Guard be swelled, by volunteers, to an active wartime strength of 25,000 officers and men. . . .

Last week he had his answer. After a special session of the Legislature, a lawsuit which tied up Guardsmen's pay for seven weeks, a decision by the Attorney General and another by the State Supreme Court, the Governor found himself commander in chief of a reorganized guard composed of 10,060 active enlisted men and 19,320 reserves. . . .

In less than four months the guard had become a painful political issue. . . .

It was organized without undue fuss and numbered 15,000 active officers and men by December 7. (About 22,000 now.) . . .

This is the force Governor Olson wanted enlarged to 25,000. To support it for one year he requested \$17,500,000 plus an additional \$10,000,000 for his own emergency fund. General Donovan thought it would require \$37,500,000 for the year. The Legislature had still other ideas.

Out of them, in a fusion of suspicion, rancor and hot tempers, came the guard reorganization bill, backed by \$7,934,365 in funds. Another \$6,500,000 went directly to designated State agencies rather than the Governor's kitty. . . .

Structurally, the guard was altered to comprise 13 infantry regiments of 2160 enlisted men each, of whom only 720 could be on active duty at one time. Regimental strength of the previously unlimited guard was about 1287, all active. An incipient cavalry, air observation squadron and several other specialized units were discarded as befitting a combat army rather than a guard force. . . . —*San Francisco Chronicle*, March 29.

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**The Road to War: Plant Conversion Rushes Ahead in 11 Major Industries**

Washington, March 24 (AP).—Industries with peacetime sales aggregating more than \$5,000,000,000 and employing nearly 750,000 workers are on the road to conversion to war production.

A survey—15 weeks after Pearl Harbor showed 11 major lines of civilian production already under conversion or drastic curtailment orders from the Government. At the direction of the War Production Board, most have this choice—they must change over to manufacture of arms and munitions entirely or disappear from the industrial picture for the duration of the war.

In total, the war effort now is employing almost 8,250,000 persons, but most of these are in shipyards, aircraft and munitions plants and ordnance works, are building cantonments and defense plants, or working for individual companies which have war contracts but which are not handled by WPB on an industry basis. . . . —*San Francisco Chronicle*, March 25.

\* \* \*

**Register Men: Ages 45 - 64**

Washington, March 19 (INS).—President Roosevelt today ordered all men between the ages of 45 and 64 inclusive to register for the draft on April 27.

By proclamation under terms of the selective service act, the President directed registration of these age classifications in continental United States, the territories of Alaska and Hawaii and in Puerto Rico. . . .

Effect of this order will be to complete the registration of every male in the United States between the ages of 20 and 64.

The proclamation did not cover 18 and 19 years old, the only remaining group subject to the draft act not now registered. However, it was learned that the 18 and 19 year olds probably will be ordered to register later during the week of April 27.

**Estimated Total**

There are about 11,800,000 men between 45 and 64 and about 1,200,000 youths 18 and 19. Under the draft act, all men from 18 to 64 are to be registered. Men of 20 to 44, inclusive, already have signed up with their local draft boards.

Specifically, all males "who were born on or after April 28, 1877, and on or before February 16, 1897" must fill in the blanks which make them liable to service of some nature in the nation's battle against the Axis. . . . —*San Francisco Call Bulletin*, March 19.



### Men 45 to 64 Years of Age, Inclusive, Register

Washington, March 19.—Total mobilization of American man power for the war effort came a step nearer tonight when President Roosevelt issued a proclamation calling for the registration on April 27 of all men between the ages of 45 and 64, inclusive.

With 26,000,000 men from 20 to 44, inclusive, already registered for possible military service, the new registration will increase the Nation's reservoir of potential fighting men or civilian war workers to a total of approximately 38,000,000.

The President's proclamation, issued under the National Selective Service Act, provided specifically that all males "who were born on or after April 28, 1877, and on or before February 16, 1897," must now register. . . .

The Draft Act provided for eventual registration of all males between 18 and 64.

Men between the ages of 20 and 44 already are signed up with local draft boards.

There are about 11,800,000 men between 45 and 64, and about 1,200,000 youths between 18 and 19. . . .

The procedure in the new registration will be the same as before, with local draft boards recording the new names, and assigning serial numbers to the new registrants in preparation for another lottery to determine in what order they will be called up.

Civilian jobs await most of those over 45 who are called and it is expected that of the total of 11,000,000 or 12,000,000 in that class about 65 per cent will be exempted because of disability or dependents. . . . —San Francisco Examiner, March 20.

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### Status of Draft Registrants

#### Questions on Classifications and Deferment Answered for Men in Drawing Just Closed

Questions regarding the status of draft registrants were discussed yesterday by Paul Shoup, president of the Merchants and Manufacturers Association.

Clarifying selective service divisions, Shoup listed them: Class 1-A—Available, fit for general military service. Class 1-B—Available, fit only for limited military service.

Class 1-C—Member of land or naval forces or Coast Guard.

Class 2-A—Necessary in civilian activity.

Class 2-B—Necessary to national defense (time limit, six months.)

Class 3-A—Man with dependents.

Class 4-B—Official deferred by law.

Class 4-C—Nondeclarant alien.

Class 4-D—Minister of religion or divinity student.

Class 4-E—Conscientious objector; available only for civilian work of national importance; fit for general service.

Class 4-F—Physically, mentally or morally unfit. . . . —Los Angeles Times, March 19.

## COMMITTEE ON POSTGRADUATE ACTIVITIES†

**Southern California Medical Association.**—The One Hundred and Sixth Semi-Annual Meeting of the Southern California Medical Association was held at the Mission Inn, Riverside, on Friday and Saturday, April 10th and 11th, 1942.

The program included subjects of interest to every practitioner of medicine. Each of the Speakers on the Symposium on Traumatic Injuries stressed the principles to be used in civil practice.

The Association was fortunate in securing, as a guest speaker, Dr. Edwin E. Osgood, Associate Professor of Medicine at the University of Oregon Medical School.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Dr. Osgood spoke on "The General Principles of Chemotherapy."

Program follows:

### First Meeting

#### FRIDAY AFTERNOON SESSION: APRIL TENTH

**Endocrine Therapy in the Management of Prostatic Carcinoma.**—Frederick A. Bennetts, M. D., Los Angeles.

Discussion.—Irving Wills, M. D., Santa Barbara; William E. Gardner, M. D., Riverside.

**A New Physiological Approach to Muscle Reinnervation.**—Lieut. H. E. Billig, Jr. (MC), U.S.N.R., Los Angeles; A. Van Harreveld, M. D., Pasadena.

Discussion.—John B. Doyle, M. D., Los Angeles; C. A. G. Wiersma, M. D., Pasadena.

**Hypertension and Cardiac Rupture.**—Hugh A. Edmondson, M. D., Los Angeles; Harold J. Hoxie, M. D., Los Angeles.

Discussion.—Lawrence A. Williams, M. D., Pasadena; John Luther Maroon, M. D., Santa Ana.

**The Evaluation of Certain Basal Metabolic Tests.**—James W. Dalton, M. D., Santa Barbara.

Discussion.—Paul F. Thuresson, M. D., Riverside; Sheldon A. Payne, M. D., Los Angeles.

**Krukenberg Tumor of Ovary With Endocrine Manifestations.**—Edmund C. Cain, M. D., Anaheim.

Discussion.—Alvin G. Foord, M. D., Pasadena; William H. Brownfield, M. D., Los Angeles.

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### Second Meeting

#### FRIDAY EVENING SESSION: APRIL TENTH

**The General Principles of Chemotherapy.**—Edwin E. Osgood, M. D., Associate Professor of Medicine, University of Oregon, Medical School.

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### Third Meeting

#### SATURDAY MORNING SESSION: APRIL ELEVENTH

#### SYMPOSIUM—Emergency Treatment of Traumatic Injuries

**Treatment of Burns.**—Hans E. Schiffbauer, M. D., Los Angeles.

Discussion.—William S. Kiskadden, M. D., Los Angeles; Francis E. Clough, M. D., San Bernardino.

**Management of Injuries Involving the Central Nervous System.**—George H. Patterson, M. D., Los Angeles.

Discussion.—David Reeves, M. D., Hoff Hospital, Santa Barbara; C. Hunter Shelden, M. D., Pasadena.

**Emergency and Early Treatment of Compound Fractures.**—Karl F. Pelka, M. D., San Bernardino.

Discussion.—Robert L. Carroll, M. D., Los Angeles; Emmett L. Tisinger, M. D., San Bernardino.

**Selection of Anesthetic Agents in Emergency Surgery.**—Charles F. McCuskey, Major (M.C.), U.S.A., Camp Haan.

Discussion.—L. K. Mantell, Capt. (M.C.), U.S.A., Camp Haan; Ernest H. Warnock, M. D., Los Angeles.

**Improvised Dressings and Transportation of the Wounded.**—Charles F. Sebastian, M. D., Los Angeles (with the assistance of personnel of the Los Angeles Receiving Hospitals.)

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### Fourth Meeting

#### SATURDAY AFTERNOON SESSION: APRIL ELEVENTH

**Management of Shock.**—Robert J. Moes, M. D., Los Angeles.

Discussion.—Thomas A. Card, M. D., Riverside; Clarence E. Rees, M. D., San Diego.

*Blood and Blood Plasma in the Treatment of Shock and Burns.*—DeWitt K. Burnham, Lieut. (MC), U.S.N.R., Corona.

Discussion.—Clarence M. Hyland, M. D., Los Angeles.

*Management of Soft Tissue Wounds.*—Clarence J. Berne, M. D., Los Angeles.

Discussion.—Meredith G. Beaver, M. D., Redlands; Hall G. Holder, M. D., San Diego.

*The Use of X-ray as an Aid to the Localization and Removal of Foreign Bodies.*—Ray A. Carter, M. D., Los Angeles.

Discussion.—Wilbur Bailey, M. D., Los Angeles; Forrest C. Swearingen, M. D., Pomona.

*Indications For and Use of Antitoxins in Traumatic Injuries.*—Hugh Hudson Martin, M. D., Riverside.

Discussion.—Kenneth L. Dole, M. D., Redlands.

The officers for the year 1942 include:

Ray B. McCarty, M. D., Riverside, President; Harry E. Henderson, M. D., Santa Barbara, Vice-President; Dexter R. Ball, M. D., Santa Ana, Second Vice-President; Nelson Paul Anderson, M. D., Los Angeles, Sec'y-Treas.

*Councilors*—William H. Barrow, M. D., San Diego; John C. Ruddock, M. D., Los Angeles; Alvin G. Foord, M. D., Pasadena; Edward G. Boland, M. D., Los Angeles; Ray B. McCarty, M. D., Ex-Officio; Nelson Paul Anderson, M. D., Ex-Officio.

*Board of Governors*—Egerton L. Crispin, M. D., Los Angeles; Charles T. Sturgeon, M. D., Los Angeles; Fred B. Clarke, M. D., Long Beach; Carl R. Howson, M. D., Los Angeles; H. Douglas Eaton, M. D., Los Angeles; Frank R. Nuzum, M. D., Santa Barbara; Robert W. Langley, M. D., Los Angeles; Merrill W. Hollingsworth, M. D., Santa Ana; John B. Doyle, M. D., Los Angeles.

### Pediatric Session on Health Education

*San Francisco, Friday, May 15-Saturday, May 16*

A Program on Health Education, sponsored by the American Academy of Pediatrics and San Francisco Affiliates, will be held in the Veterans' Auditorium, San Francisco, on May 15-16.

#### PROGRAM

##### I

*Friday Evening, May 15, 8:00 p.m.*

Dr. Lee Cohn, Presiding

*Topic: General Statement of San Francisco's Present Programs for Health Education*

1. The Private Pediatrician and the Academy of Pediatrics.—By Dr. Edward B. Shaw.
2. The Part the Department of Public Health Plays in San Francisco Facilities for Health Education.—By Dr. J. C. Geiger.
3. The Community Facilities for Health Education.—By Dr. Walter Brown.
4. The Part That the School System Plays in the Facilities for Health Education in San Francisco.—By Mr. Albert Graves.
5. Discussion from the floor.

##### II

*Saturday Morning, May 16, 10:00-12:00 noon*

Dr. H. E. Thelander, Presiding

*Topic: Specialized Health Agencies and the Part They Play in San Francisco's Community Health Education*

1. Dentists and the Dental Program for Children.—By Dr. Willard C. Fleming.
2. Nutrition Program for Health Education in San Francisco.—By Dr. Dwight L. Wilbur.
3. The Mental Hygiene Program for Health Education in San Francisco.—By Dr. Ernest Lyons.
4. San Francisco's Juvenile Court Health Education Program.—By Judge Thomas Foley.

5. The Health Education of the Recreation Commission of San Francisco.—By Miss Josephine Randall.

6. The San Francisco District Parent Teacher Association Program for Health Education.—By Mrs. Thomas.

#### III

*Saturday Afternoon, May 16, 2:00 p.m.*

*Topic: Youth States Its Conception of Health Education as Derived from the Home, Community and School*

One pupil from each high school in San Francisco is to participate in a Health Education round table discussion.

Leader: Father O'Dowd, Superintendent of Parochial Schools of San Francisco. Assisted by Dr. Malcolm A. Finley, Psychiatrist, San Francisco Department of Education, and Dr. William Barrett, member of the Mental Hygiene Society of San Francisco.

Discussion from the floor, following the round table.

#### IV

*Saturday Evening, May 16, 8:00 p.m.*

*Summary of Meetings and the Projection of a Program for San Francisco's Future Health Education*

Discussion:

By Dr. Chauncey D. Leake.

By Dr. William P. Shephard.

By Dr. Milton Rose.

For further information, address Dr. W. Palmer Lucas, 2245 Post Street, San Francisco. (Telephone: West 4010.)

### Kern County Medical Society Studies Doctors' Problems In Wartime

What communities may expect in the way of war materiel from the federal government and what the doctor may expect when he goes into the army were among the concluding topics of the postgraduate conference of the California Medical Association in Bakersfield Saturday, when doctors of eight counties relaxed at a dinner dance Saturday night and greeted state officers at a breakfast party Sunday morning at Hotel El Tejon, headquarters for the conference.

Dr. Wallace Hunt, surgeon of the United States Public Health Department and regional medical officer of the Office of Civilian Defense, said that allocations of emergency medical supplies, gas masks and other materials will be made by the federal government on a basis of 5000 units per populations.

"Communities with populations of 10,000 or less are considered rural and less apt to be a military objective of the enemy," Doctor Hunt said in speaking of allocations of materiel.

"Effects of total war are such upon civilian population that it is almost safer to be in the army," Doctor Hunt said. "Only protection against total war is total defense. Fortunately we have found out, largely through the experience of the English who found out the hard way, what had to be done and how to do it."

Doctor Hunt, who conferred with English officials, said the emergency medical services can function only if each community is organized under civilian defense with a control center in operation. (Bakersfield and Kern county civilian defense councils have set up such control centers.)

"Emergency medical supplies allocated by the federal government will go only to those communities that have been properly organized," he said.

"War or total war as it is practiced cannot be like any other disaster and Bakersfield, Sacramento, Fresno may all be bombed simultaneously. No single organization can handle such disaster and that is why all organizations, the firemen, policemen, Red Cross, emergency medical services and the air raid wardens are placed under a central control in each community."

The doctor warned that he had been advised that complete reliance upon the telephone for communication is not possible and messenger service should be provided for. He cited the fact that in Aberdeen, Scotland, the first bomb completely demolished the telephone plant.

He stressed the importance of the air raid warden and the necessity that he or she know everyone on the block and what protection each family might have from air raids.

The doctor also spoke of the possible necessity of evacuating chronic cases from coastal hospitals to inland areas. He also mentioned the medical tasks involved in looking after the 100,000 or more alien Japanese being taken into camps.

The doctor also urged the establishment of blood banks as being a measure that means "the difference between life and death."

Dr. J. B. Harris, of Sacramento, past president of the California Medical Society, who was one of the guests at the Sunday morning breakfast, spoke during the afternoon on treatment of shock and hemorrhage.

Lieutenant Colonel G. E. Clamp of the United States Army Corps, stationed at San Luis Obispo, talked on "The Doctor and the Army" in which he told the doctors, "You are being given a chance to serve your country as other men." He explained that the medical men will find not all conditions ideal but equipment adequate.

Dr. Harold Fletcher, director of the procurement and assignment service, explained that the enlistment of doctors in the armed forces is being done under the auspices of the American Medical Association functioning through the state organizations and county units. The committees from eight counties met later in the afternoon.

Dr. Orrie E. Ghrist addressed a special session of eye, ear, nose and throat specialists in the afternoon and showed three dimensional motion pictures which he has developed through a special machine. He pointed out that one out of every 38 persons is without three-dimensional vision. An army doctor present said that this lack in pilots is one of the big problems in aviation.

Among the men honored at the breakfast were Dr. William Molony, president-elect of the California Medical Association, Dr. George Kress, secretary of the association, and Dr. C. A. Dukes, chairman of the C. M. A. committee on medical preparedness.

The doctors and their wives enjoyed golf at Stockdale Country Club and motor trips to wild-flower areas before returning home.—*Bakersfield Californian*, March 9.

## COUNTY SOCIETIES†

### CHANGES IN MEMBERSHIP

#### New Members (17)

##### Butte-Glenn County (1)

Alexander Hamilton Griffith, *Feather Falls*

##### Los Angeles County (1)

Arthur Mayer, *Los Angeles*

##### Napa County (3)

Richard Argens, *Imola*

Charles E. Caulkins, *Imola*

John M. McGrath, *Imola*

Joseph W. Sooy, *Napa*

##### San Joaquin County (2)

J. E. Longley, *Tracy*

R. D. Maurer, *Tracy*

##### San Francisco County (1)

John Westgate Hope, *San Francisco*

##### San Mateo County (1)

Clara Gans, *Burlingame*

#### Santa Clara County (1)

Joseph B. Miller, *San Jose*

#### Stanislaus County (1)

Edward William Baker, *Oakdale*

#### Tulare County (1)

John H. Brady, *Visalia*

#### Yolo County (4)

George Babbin, *Woodland*

Robert A. Burns, *Woodland*

David Frost, *Woodland*

Alfred E. Leivers, *Woodland*

#### Transfers (7)

William Hutt Barnes, from Butte-Glenn County to Alameda County

Edward Blair, from Sonoma County to San Luis Obispo County

Mar W. McGregor, from San Francisco County to Santa Barbara County

Charles Kelley Mills, from Yolo County to Stanislaus County

George F. O'Brien, from Sacramento County to Solano County

Samuel Reznick, from Los Angeles County to San Bernardino County

Mildred Van Cleve, from San Bernardino County to Riverside County

#### Retired Members (11)

Addie B. Allen, *Los Angeles County*

Charles Lewis Allen, *Los Angeles County*

Frank J. Bailey, *Tehuma County*

Raleigh W. Burlingame, *San Francisco, County*

Hill Hastings, *Los Angeles County*

Lawrence H. Hoffman, *San Francisco County*

John W. Marchildon, *Los Angeles County*

M. Lee Martin, *Los Angeles County*

Thomas T. Matlock, *Kern County*

Herbert C. Moffitt, *San Francisco County*

Reginald S. Petter, *Los Angeles County*

#### Life Members (1)

Everett S. McClelland, *Los Angeles County*

## In Memoriam

**Aird, John Lorin.** Died at Los Angeles, March 9, 1942, age 42. Graduate of the University of Colorado School of Medicine, Denver, 1926. Licensed in California in 1930. Doctor Aird was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



**Dukes, Charles Alfred.** Died at Oakland, March 13, 1942, age 69. Graduate of Cooper Medical College, San Francisco, 1895. Licensed in California in 1896. Doctor Dukes was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

**Maloney, William Michael.** Died at Los Angeles, February 28, 1942, age 62. Graduate of Cornell University Medical College, New York, 1924. Licensed in California in 1925. Doctor Maloney was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



**Prince, Lionel David.** Died at San Francisco, March 6, 1942, age 55. Graduate of the University of California Medical School, 1912. Licensed in California in 1912. Doctor Prince was a member of the San Francisco County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

## CALIFORNIA PHYSICIANS' SERVICE†

### Beneficiary Membership

|                         |        |
|-------------------------|--------|
| September, 1939.....    | 1,220  |
| March, 1940.....        | 9,322  |
| September, 1940.....    | 17,398 |
| March, 1941.....        | 24,107 |
| September, 1941.....    | 30,215 |
| February, 28, 1942..... | 41,568 |

At the regular meeting of the Board of Trustees of California Physicians' Service, held in San Francisco on March 29, 1942, the secretary reported that in his judgment the Unit Stabilization Fund was sufficient at the end of January, to carry C.P.S. through the balance of the winter. The Board therefore instructed that no further funds be added to the Unit Stabilization Fund until further action by the Board and that all monies available for professional service be added to the unit value. The unit for the month of February, 1942, was approved for \$1.45.

A recent election of Administrative Members-at-large, nominated at the January meeting of the Board, resulted in the election for three-year terms of the following:

|                   |                 |
|-------------------|-----------------|
| Ray Lyman Wilbur  | S. J. McClendon |
| C. Kelly Canelo   | John C. Ruddock |
| Alson R. Kilgore  | John W. Green   |
| Samuel Ayres, Jr. | Jonathan Garst  |

### MEDICAL EPONYM

#### Malpighian Corpuscles

"De internis glandulis renalibus, earum continuatione cum vasis [The Internal Glands of the Kidneys and Their Connection with the Blood Vessels]" is the title of the section of the discussion of the kidneys in which Marcello Malpighi (1628-1694), primarius in the Academy of Medicine at Messina, describes these structures. The quotation is taken from the edition of his *De viscerum structura exercitatio anatomica* [*Anatomical Essay on the Structure of the Viscera*], published at London in 1669, the first edition having been published at Bonn in 1666. A portion of the translation follows:

"Since we have shown in a previous section that glands are found in the kidneys, and since, as will be shown below, these perform a special function in the excretion

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

of the urine, it is advisable to spend a little time on them. They are located in the outermost part of the kidneys, are almost infinite in number, and probably correspond to the urinary vessels, which join to make up the main bulk of the kidneys. They are gathered into separate bundles, more than forty in number, and it is by virtue of these that those small divisions arise which appear in all kidneys. Wherefore, no definite description of their shape can be given on account of their minuteness and transparency, which is their chief characteristic: they seem, however, to be round like fish eggs, and while a black humor is passing through the arteries, they turn black; one might say that all round them they have shoots, moving like twining tendrils, so that they appear to be wreathed around, so to speak—with this exception, however, that the main part, which is fastened to the branch of the artery, turns black, whereas the rest retains its own color."—R. W. B., in *New England Journal of Medicine*, Vol. 226, No. 4.

### MEDICAL EPONYM

#### Koplik's Spots

This sign was described by Henry Koplik (1858-1927) in the *Archives of Pediatrics* (13:918-922, 1896), in an article entitled, "The Diagnosis of the Invasion of Measles from a Study of the Exanthema as It Appears on the Buccal Mucous Membrane."

One of the most, if not the most, reliable sign of the invasion of measles has fully failed to receive due attention. . . . If we look in the mouth at this period [during the first twenty-four to forty-eight hours of the invasion], we see a redness of the fauces; perhaps . . . a few spots on the soft palate. On the buccal mucous membrane and the inside of the lips, we invariably see a distinct eruption. It consists of small irregular spots, of bright red color. In the centre of each spot, there is noted, in strong daylight, a minute bluish white speck. These red spots, with accompanying specks of a bluish white color, are absolutely pathognomonic of beginning measles, and when seen can be relied upon as the forerunner of the skin eruption. . . . As the skin eruption begins to appear and spreads, the eruption on the mucous membrane becomes diffuse. . . . The buccal eruption begins to fade even while the skin exanthema is at its height. . . . In cases where this eruption has been absent, I have always found that my exclusion of a probable attack of measles was correct."—R. W. B., in *New England Journal of Medicine*, Vol. 225, No. 16.

### MEDICAL EPONYM

#### Joffroy's Sign

"Nature et traitement du goître exophtalmique [The Nature and Treatment of Exophthalmic Goiter]" was the subject of a lecture delivered by Alexis Joffroy (1844-1909) in December, 1891, in the neurological clinic of the Hospice de la Salpêtrière. This lecture appears in *Progrès médical* (18:477-480, 1893). A portion of the translation follows:

"Paralysis of the muscles of the upper part of the face. In our patient, these muscles were affected in a peculiar way that I have seen previously in three other cases, although this peculiarity has never been pointed out before. It is as follows: if a person who is looking downward is asked to look up at the ceiling quickly, holding his head still, it will be found that as the eyeballs roll upward, the eyebrows are raised and the forehead wrinkles. We have here a synergic movement occurring in the normal state that does not occur in this patient. Her eyebrows and forehead remain absolutely immobile, even when she tries very hard to look upward."—R. W. B., in *New England Journal of Medicine*, Vol. 225, No. 8.